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Bib Data Sheet

<b>SERIAL NUMBER</b> 10763,975	<b>FILING OR 371(c) DATE</b> 01/22/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 14395-0013
<b>APPLICANTS</b> Brian J. Cox, Laguna Niguel, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/909,715 07/20/2001  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/29/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 22
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> BRIAN J. COX MICROVENTION, INC. 75 COLUMBIA, SUITE A ALLSO VIEJO ,CA 92656				
<b>TITLE</b> Aneurysm treatment device and method of use				
<b>FILING FEE RECEIVED</b> 511	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	